MULTIPLE DEBENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PRO-875) SERIAL NO. FILING:OATE Articontar **CLAIMS** . AS FILED THE MENDMENT 200 AMENDMENT IND. IND: DER. DIT מום. ל מאו IND, DIP DEP, IND. DET. 51 82 •. 4 88 δ. 84 6 88 7. 88 8 87 .8 88 .1. 10 89 . 11. 60 12 61' 13. 62 63 .14 64 18 16 65 17 66 18 67 19 68 • ٠ . 20 69 21 2 70 22 71 23. .72 • • • 26 73 • Vį. 25 74 25 75 ٠. . 27 78 7.00 28 77 . 29 78 ... 80 78 81 80 82 81 ٨ •• 83 82 83. 84. 84 85 88 35 88 87 .87 38 88. 89 89 40 90 41. 91 42 92 43 93 44 45 84 95 48 88 47 97 48 98 49 • 80 . 99 100 TOTAL TOTAL PATAL. 13: BOTAL isint. •• | 勝場 19141 च्यत्यक्षक (क्ष्यक) Saya de grape sou vaporionar gevine ou vacamentes PALDEFARTMENT of COMMERCE Females (resputs Office